

## The ethics of everyday practice

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**W**hen we say "medical ethics," it conjures up images of heated debate over difficult problems. Should doctors give a blood transfusion to a child whose parents are Jehovah's Witnesses? Should they keep alive someone who is in a permanent vegetative coma? Who should receive an organ transplant when organs are in short supply?

Those, of course, are ethical problems, but there is another side to medical ethics that receives much less coverage but at the same time has a profound effect on the practice of medicine.

Contrary to impressions we sometimes receive through the media, practising medicine is not comparable to driving a car along a racetrack full of exciting twists and turns that demand split-second decisions and have frightening consequences if the wrong decision is made. Certainly medicine does provide such moments during emergencies, or perhaps when a medical treatment takes an unexpected turn and a split-second decision must be made.

However, most of medicine can be compared to driving a car along a highway, not a racetrack. Skills that have been developed over years of training and practice are used to solve predictable problems in rather ordinary, straightforward ways.

The ethical problems that

arise in everyday practice are rather pedestrian when compared with life-and-death ones. Should you prescribe something to make a patient "feel good" psychologically even though there is no medical indication that it will serve a purpose? Should you tell a patient everything about her condition right now, or wait for a more opportune moment? Should you sound very authoritative and certain about a particular diagnosis and prognosis, or should you be tentative and suggestive and let the patient reach the conclusion herself?

These are not high-profile issues and you will never read about them in the newspaper, but they are important because they are ethical problems that involve dealing with patients as people — with their own values and own perspectives on life.

In everyday practice the physician has to approach the patient — the person — with respect for the patient's values and view of the world. The physician has to do that realizing full well that the patient may ultimately choose a course of treatment that the physician would not have chosen.

Doctors know that when patients come to them they are highly open to suggestion. Most patients, whether they realize it or not, tend to be somewhat intimidated because they are not in their own social setting but on the physician's home turf. They tend to be overawed by the professional expertise that physicians enjoy and by the air of certainty that

surrounds doctors' actions. Above all, they have a need that makes them dependent on the physician.

It is here that the other side of medical ethics — the ethics of everyday practice and the ethics of caring — comes into play. In a sense, this is "easy" ethics because it does not call for the deep thought and profound soul-searching that marks the high-profile ethical issues faced in emergency rooms and elsewhere.

At the same time, it is incredibly difficult. It has to come from an ethical perspective that marks the physician as a humanist, a person who cares deeply for the life and welfare of others. It is a perspective guided by fundamental principles of beneficence, of autonomy and of respect for people. The codes of ethics of the medical profession try to capture these principles and to develop guidelines for daily practice based on them. Every physician should be familiar with them, but every physician should also know that these guidelines cannot be applied automatically and by rote.

Ultimately, like so much in medicine, it comes down to an individual interpretation and decision. Everyday ethics provides the ultimate test of a physician's true understanding of medicine's ethical principles. It is easy to forget this side of medical ethics when high-profile issues are in the spotlight. However, if physicians forget that ethical decisions are being made daily in their offices, then the practice of medicine will suffer at its very core. ■

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